State of Idaho SARA TITLE III EXEMPTION FORM

Facility Name:		
Address:		
City:	State:	Zip:
This company is no longer if for the following reason:	required to submit a Tie	r II Inventory Form
o Filed unnecessarily fo	or previous year	
o Eliminated reportable	e materials from invento	ory
o Reduced inventory to	below reportable thresl	holds
○ Other – Please explain	n:	
SIGNED:		
DATE:		